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SUBJECT: URUGUAY: GOU INTERVENTIONS RE H1N1

REF: SECSTATE 73971

1. (U) Through contacts with local health practitioners and the Uruguayan Ministry of Public Health, Post developed the following timeline of interventions pertaining to the H1N1 pandemic, as requested in reftel:

-- First case: The first case of H1N1 in Uruguay was detected on May 23, 2009. The patient had just returned from Buenos Aires, where he had been infected.

-- Making influenza a notifiable disease: Government officials first notified the public of H1N1 on April 27, 2009, as the epidemic was first starting to spread in the United States and Mexico. The Ministry of Public Health established a phone number for Uruguayan citizens to call if they had the symptoms of H1N1.

-- Emergency declarations: The government has not declared an emergency due to H1N1 flu.

-- Measures at borders/airports: Following the first confirmation of H1N1 in Uruguay on May 23, the Uruguayan government implemented a containment and mitigation plan placing non-restrictive measures at the country's border checkpoints, including Carrasco International Airport. Travelers arriving from countries where the outbreak had already occurred were requested to fill out a form listing any symptoms as well as contact information so that their health status could be monitored by the Ministry of Public Health. The GOU also began screening incoming passengers for signs of illness due to the flu. This screening included the use of thermal scanners, which did not detect fever in any arriving passengers, leading the Ministry to conclude that the technology was ineffective. The GOU deactivated all border screening measures following the announcement of a Phase 6 pandemic, with only sentinel surveillance systems remaining operational.

-- Isolation policies: The Ministry of Public Health recommends that those with symptoms stay at home, cover their cough, and use disposable tissues instead of handkerchiefs. They have also recommended that all Uruguayans regularly wash their hands or use alcohol gel due to the spread of the disease. Isolation of hospitalized patients follows WHO/CDC recommendations. The Ministry also has recommended that Tamiflu only be provided to patients hospitalized with H1N1, as providing it to those who only require rest could alleviate symptoms while the virus is still active, thereby encouraging patients to return to work and inadvertently spread the disease.

-- Quarantine of households where infection is identified: Quarantine has not been declared or recommended.

-- School, theater, dance hall, and other closures: Local governments in the departments of Soriano, San Jose, and Rio Negro closed theaters and dance halls in response to the H1N1 outbreak. However, these closures were criticized as unnecessary by the Ministry of Public Health. Local youth

soccer leagues were also suspended for the last two weeks of July, to resume at the beginning of August.

-- Staggered business hours: Not recommended.

-- Mask ordinances: Recommended for patients with symptoms (common surgical mask) and for health personnel caring for H1N1 patients (N95 mask).

-- Rules forbidding crowding on streetcars: None issued.

-- Private funerals: No rules issued.

-- Ban on door-to-door sales: None.

-- Interventions designed to reduce transmissions in the workplace: See "isolation policies" above.

-- Protective sequestration of children: None.

-- Ban on public gatherings: None, other than the theater/dance hall closures mentioned above. Some institutions (educational, religious, music concerts) have voluntarily suspended scheduled events, often due to a low expected turnout.

-- No-crowding rules in locations other than transit systems: None.

-- Community-wide business closures: None.

¶2. (SBU) According to our contacts in the local health practitioner community, the Uruguayan government has adopted a measured and effective policy in response to the H1N1 epidemic by keeping calm, applying WHO and CDC recommendations throughout the country, and coordinating its efforts with the private sector. It has acted firmly to stem anxiety, particularly though its response to the closures by local governments mentioned above. Our contacts in the GOU also confirmed that the health care system proved effective in preparing for and responding to this public health emergency. While the H1N1 outbreak produced a surge of patients at both public and private hospitals, bed shortages were never a problem.

¶3. (SBU) During the outbreak, the greatest strain was put on the network of laboratories in Uruguay, which did not have the capacity to keep up with testing. Uruguayan labs were overwhelmed by the H1N1 crisis despite donations of equipment by the CDC, including a PCR detection kit provided on June 12. Since the WHO's June 11 declaration of a Phase 6 pandemic, the government has stopped testing for H1N1 in all but those patients hospitalized with severe respiratory symptoms, easing the burden on labs. However, virus samples are still sent to the CDC in Atlanta every two weeks for the purposes of monitoring possible mutations.

¶4. (SBU) To date, the severity and fatality pattern in Uruguay has been similar to that in the United States and Europe. According to the Ministry of Public Health, H1N1 flu represents 90% of flu cases in the country, with similar symptoms and severity. As of July 28, 31 people have died, with most of them already suffering from serious underlying health conditions. Ministry sources report that the local epidemic appears to have peaked, but, as in the United States, a second wave is expected.
Schandlbauer